	·	PAIENI AF	PLICA	TION FEE	DETERMINA Form PTO-875	ATION F	collection of RECORI	ol informatio	n unless it	Aurea upu du Dod	ENT OF COMERC OMB control imbe	
•		CLAIMS AS FILED - PART I								10/81	2,641	
	FOR BASIC FEE		NUMBER FILED		(Column 2) NUMBER EXTRA		SMALL ENTITY			OR O	OTHER THAI SMALL ENTIT	
	TOTAL CLAIMS				TOMBER EXTRA		RATE	FEE		RATE	· Fil	
-	(37 CFR 1.16(c)	CLANG	mi	nus 20 = .			×.25	3_ s_	- 0	IR -	s	
ł	(37 CFR 1.16(b)	1		nus 3 = -			(100		→ °			
ŀ	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						·s.180	-	0	3/00		
-	If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	1	Of Or	 _	<u>-</u>	
1	CLAIMS AS AMENDED - PART II						•			TOTAL		
	Total (3) CFR (.166)		G	54	ER PRESEN	T	RATE .	ADDI- TIONAL FEE	OF OR	RATE x 5 50 =	ER THAN L ENTITY ADDI TIONAL FEE	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						180 ₌ 180 ₌ TAL D'L FEE		OR OR	x s 200 + s 360 TOTAL A00'L FEE		
AMENDMENT B	Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	CLAIMS REMAINING AFTER AMENDMENT	Minus * Minus	(Column HIGHES NUMBER PREVIOUS PAID FOI	PRESENT EXTRA	x s_	25 = 00=	ADDI- TIONAL FEE	OR OR	RATE x s 50= x s 200=	ADOI- TIONAL FEE	
		TOTA ADOT	L	·	OR OR	TOTAL ADD'L FEE						
AMENDMENT C		(Column 1) CLAIMS ' REMAINING AFTER AMENDMENT		(Column 2 HIGHEST NUMBER PREVIOUSL	PRESENT	RA		ADDI-	ſ	RATE	ADDI	
	Total (FOR 1.16(c))	•	Minus	PAID FOR	=	2	5	TIONAL FEE	-		TIONAL FEE	
	Indépendent (37 OFR 1.16(b))		Minus	***	=	x s IC			OR	x s 50 =		
I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For INTHIS COLUMN 2.					+ s 18	O ₌	·	OR .	360.		
•••	II the Highest N	olumn 1 is less (ha dumber Previously lumber Previously Imber Previously P	0 14 7 7	IT THIS SPAC	t is less than 20, e	ADD'L (nter "20", er "3",				DO'L FEE		

The "Highest Number Previously Paid For (NTHIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fife (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.